

WESTFIELD REGIONAL HEALTH DEPARTMENT

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RETAIL FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

The New Jersey State Sanitary Code, Chapter 24, Sanitation in Retail Food Establishments, N.J.A.C. 8:24-9.1 requires that plans and specifications be submitted to the health authority for review whenever a retail food establishment is constructed, renovated/remodeled or significantly altered or when a structure is converted to use as a retail food establishment. Construction, renovation, alteration or conversion may not be initiated until plans and specifications have been approved by the health and construction authorities.

RETAIL FOOD ESTABLISHMENT PLAN REVIEW FEES (Town of Westfield Board of Health Code- article V, section 54-13B). The fees for review of retail food establishment plans are based upon the square footage of the structure, or, if a restaurant, upon the seating capacity.

Trade name:
Owner's name:
Establishment location:
City, State, Zip Code:
Business Phone Number: Email:

Corporate Information
Name:
Address:
City, State, Zip Code:
Phone Number: Email:

Project Contact Person(s)
Name:
Address:
City, State, Zip Code:
Phone Number: Email:

Anticipated start date: _____

Anticipated completion date: _____

Applicant's Name (Print): _____

Type of Operation:

☐ Bakery

☐ Convenience Store

☐ Grocery Store

☐ Ice Cream

☐ Luncheonette/Deli

☐ Restaurant

☐ Tavern/Bar

☐ Prepackaged Food Only

☐ Other (Please Describe) _____

Restaurant – Seating Capacity:

Seating Capacity

Fee

☐ Up to 49

\$100.00 per plan

☐ Over 50

\$150.00 per plan

Other Than Restaurant – Square feet:

Square Footage

Fee

☐ Less than 9,999

\$125.00 per plan

☐ Over 10,000

\$300.00 per plan

Limited Pre-existing Establishment Alteration

Fee ☐ \$75.00 per plan

TOTAL AMOUNT DUE:

Water Source ☐ Public ☐ Well

Sewer System ☐ Public Sanitary ☐ Septic System

Applicant's Signature: _____

FOR OFFICE USE ONLY

Date Submitted: _____ Date Approved: _____ Signature of Inspector: _____

Payment Type: Cash/Check # _____ M/O # _____ Payment Amt. _____